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ABSTRACT

The Satellite Program is a collaborative project between the Elmhurst College (Illinois) Education Department and several area school districts. The primary objective of the program is to provide teacher education students the opportunity to participate in a required series of structured, monitored, and varied clinical experiences in public schools. This is accomplished by linking students to Satellite Schools. Within the schools, each student is assigned a mentor, a teacher who supports and assists the student in clinical experiences throughout the teacher education program. The program provides the student with an internship in an entire school, not just a single classroom as in a traditional student teaching assignment. Satellite School personnel are linked through training, information, and recognition sessions and through written communication, including course syllabi with clinical objectives. A pilot program was implemented during spring semester 1991. Evaluation data from Satellite students and non-Satellite students showed evidence of significant differences in three of the six program objectives. Evaluation in the following semester showed evidence of significant differences in all six program objectives. Evaluation comments from students and Satellite School personnel provided additional information. The development, implementation, and evaluation of the Satellite program offer a working model of school-college collaboration in teacher education for the improvement of clinical experiences. Contains 12 references. (Author)

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The Satellite Program:
A Collaboration for Clinical Experiences in Teacher Education

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at the
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Dr. Linda F. Tusin
Assistant Professor
Director, Satellite Program
Education Department
Elmhurst College
190 Prospect Avenue
Elmhurst, Illinois 60126

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The Satellite Program: A Collaboration
for Clinical Experiences in Teacher Education

ABSTRACT

The Satellite Program is a collaborative project between the Education Department and several area school districts. The primary objective of the program is to provide teacher education students the opportunity to participate in a required series of structured, monitored, and varied clinical experiences in public schools. This is accomplished by linking students to Satellite Schools. Within the schools, each student is assigned a mentor, a teacher who supports and assists the student in clinical experiences throughout the teacher education program. The program provides the student with an internship in an entire school, not just a single classroom as in a traditional student teaching assignment. Satellite School personnel are linked through training, information, and recognition sessions and through written communication, including course syllabi with clinical objectives.

A pilot program was implemented during spring semester 1991. Evaluation data from Satellite students and non-Satellite students showed evidence of significant differences in three of the six program objectives. Evaluation in the following semester showed evidence of significant differences in all six program objectives. Evaluation comments from students and Satellite School personnel provided additional information. The development, implementation and evaluation of the Satellite program offer a working model of school-college collaboration in teacher education for the improvement of clinical experiences.

The Satellite Program has been funded in part by a grant from the Consortium for the Advancement of Private Higher Education (CAPHE)

The Satellite Program: A Collaboration For Clinical Experiences in Teacher Education

Collaboration between K-12 schools and college education departments has been frequently cited as essential in the improvement of teacher education programs (Nation at Risk, 1983; Carnegie Forum, 1986; Holmes Group, 1986; Goodlad, 1990). The clinical experience component of teacher education links schools and colleges, yet true collaboration has often been absent. Alexander (1990) underscores the fundamental differences in mission between schools and teacher educators. The primary mission in schools is educating children, not training teachers. Guyton and McIntyre (1990) found a lack of communication and unclear role expectations in the field experience triad, the cooperating teacher, college supervisor, and teacher education student. Goodlad (1991) found tenuous linkages between schools and teacher education programs. Teacher education programs had little influence on field placements and cooperating teachers had little influence on teacher education programs.

While preservice clinical experience requirements have increased, Evertson (1990) found much oversimplification and misrepresentation in these experiences. Frequently a teacher education student observes an isolated class for a short time period, missing the purpose, planning, and overall picture of teaching and learning in the school. Development of reflective teachers requires a link of theory and practice for future teachers (Ross, 1990). Obstacles to this reflection are common in early field experiences (Goodman, 1985, 1986). The teacher's role goes beyond the classroom. Understanding the politics of schooling and social relationships (Howey & Zimpher, 1986) and developing communication and collaboration skills for working with professionals and parents (Conoley, 1989) are frequently omitted in these isolated observational experiences yet are considered essential for the beginning teacher. Addressing the problems of clinical experiences and helping prepare teacher education students for beginning teaching were seen by the Elmhurst College Education Department as a collaborative endeavor. The Department wished to go beyond the relationship of good will and cooperation (Goodlad, 1990) and forge a collaboration for teacher education with personnel in schools.

The Satellite Program - An Overview

During the spring term of 1990, the Elmhurst College Department of Education approached six area school districts previously involved with the college in clinical experiences and found six school districts willing to become partners in developing and implementing a new program of clinical experiences. Policies and procedures were developed by a Task Force equally represented by school district personnel and Education Department faculty. School representatives and Education Department faculty reviewed documents and contributed modifications and refinements. A finalized policies and procedures document was approved by the Satellite Advisory Council, consisting of a representative from each school district and the Education Department faculty. Additional endorsement and approval for this collaboration was received from each school districts' Board of Education and Superintendent and from the President and Academic Dean of Elmhurst College. The pilot phase of the program was implemented

during the spring term, 1991, less than one year after the initial contacts by Elmhurst College to the six area school districts.

The primary objective of the Satellite Program is to provide teacher education students the opportunity to participate in a required series of structured, monitored, and varied clinical experiences within the public schools. Students observe and participate in schools as outlined in the clinical objectives specified in their Education Department courses. Feedback from Satellite teachers and mentors to the students on skills and growth in their clinical experiences is incorporated.

Each Satellite student is linked to a Satellite School. This school becomes the student's "home school" for clinical experiences. Within the school, a student is assigned a mentor, a teacher who supports and assists the student in clinical experiences. For some clinical experiences, the student works directly with the mentor. For other experiences, the mentor may suggest other teachers, classrooms, or schools where visits may be made. The student visits in other Satellite Schools to provide varied experiences according to program and certification requirements. The culminating student teaching experience occurs in the Satellite School whenever possible.

Satellite teachers are linked to the college in several ways. Recognizing the important contribution of teachers in the development of future teachers is an underlying principle of the program. Adjunct Faculty status is given by the college. Training, information, and recognition sessions are held each semester. Specific communication is provided through the course syllabi, including clinical experience objectives.

Placement in a Satellite school begins with a student application to the program. After review by Education Department faculty, a possible match with a school is explored. The student application is sent to the school and reviewed by Satellite personnel. An interview is held at the school. If the student is accepted, a mentor is assigned and they begin their work together.

In linking a student directly to a school, the Satellite Program is providing the student with an internship in an entire school, not just a single classroom as in a traditional student teaching assignment (Goodlad). The student is able to spend one to four years in a school, learning about students, teachers, curriculum, and the school environment. Through this program, students experience the support and collaboration of the school, better preparing them for their role as professionals.

Method

A pilot program was conducted during the spring term of 1991. Students from five Education Department courses were informed of the pilot program. All students meeting the eligibility standards (GPA, basic skills, written essay) in these classes were invited to participate. The five courses included in the pilot program were selected to include students from all four teacher education programs at Elmhurst College: Early Childhood Education, Elementary Education, Secondary Education, and Special Education. Thirteen schools within the six school districts agreed to participate in the Pilot Program.

An evaluation was designed to gather data measuring the degree to which the main objectives of the Satellite Program were being met. The main objectives were improved

communication between the college, schools, and students; improved scheduling; a better match between clinical experiences and course content; more productive feedback to students concerning their field experience work; greater student participation in field experiences; and a greater student contribution to the school (Table 1).

Evaluation data was obtained in the five classes from Satellite students and non-Satellite students. t-tests were used to compare the mean evaluation data of the two groups. A provision for narrative comments concerning strengths and areas to consider for improvement was also included.

A limitation of the study is in the design. Random assignment could not be made to the two groups. For purposes of a pilot program, self-selection was desired. The Satellite Advisory Committee wanted participants who chose to be in the program. Students previously selected clinical sites for a variety of reasons and for some students continuation at these sites was desirable. The faculty had established criteria for acceptance and these were used in the study. Some flexibility was allowed and two students were conditionally accepted to the program, with the understanding they needed to have the required GPA by the next term. All students enrolled in the five classes were informed of the pilot program and invited to participate. All who applied were accepted in the pilot program.

The evaluation design also included data collection from Satellite school personnel using the same instrument. A t-test was used to compare the responses of Satellite students and Satellite school personnel, the teachers and school administrators involved with the program. This analysis provided a check for differences in perception of the experiences between Satellite students and Satellite school personnel. Narrative comments were included by school personnel. The evaluation design provided an overall view of the program through the quantitative analysis while narrative comments added personal insights into the actual working of the program for individual students and teachers in school settings.

Results

Twenty-five students applied and were accepted to the pilot program. The remaining students enrolled in the five classes became the control group for the evaluation. All students completed course requirements of clinical experience hours in field settings, according to the clinical objectives of the course provided by the instructor. Non-Satellite students were responsible to arrange for their experiences, as had occurred in the past. At the conclusion of the term, twenty-four Satellite students and eighty-one non-Satellite students completed the program evaluation. The comparison of Satellite and non-Satellite students in the pilot program revealed statistically significant differences in three of the six objectives included in the evaluation (Table 2). The Satellite student ratings were higher than the non-Satellite students in the areas of communication, scheduling, and contribution to the school. There were no statistically significant differences in the other three areas, the match between course content and clinical experiences, feedback to the student in clinical setting, and participation in the school.

Effect sizes are reported for statistically significant differences between the groups

Effect size translates the difference between groups to the zero to one hundred percentile scale. This percentile point advantage offers meaning in the interpretation of the differences.

Comparing data of Satellite students and Satellite school personnel (thirty-two responses) revealed no statistically significant differences. This finding indicated similar perceptions by the two groups of the clinical experience in terms of the program objectives. Due to the similarities, the ratings of Satellite school personnel are not reported here. Narrative comments provided interpretation of individual experiences, especially areas for improvement and promising practices to share with other participants and are included in this discussion.

Based on this pilot program and the evaluation data, the Satellite Program was continued and expanded during the 1991-92 school year. Continued evaluation was included and data was compared to the initial data collected in the pilot program. At the conclusion of fall term, 1991, differences between Satellite students and the non-Satellite control group measured in the spring of 1991 were statistically significant in all six program objectives included in the evaluation (Table 3). In the subsequent evaluation spring term 1992, there were statistically significant differences between Satellite students and the non-Satellite students measured in the spring of 1991 in five of the six program objectives (Table 4). Satellite school personnel evaluated the program at this time (thirty-six responses). Data was compared to Satellite student data and once again there were no statistically significant differences. It should be noted that the response rate of Satellite students dropped in each of the subsequent evaluations. In the pilot program, students completed the evaluations in class with a response rate of ninety-four percent. This was not possible in the later evaluations. In the fall of 1991 the response rate was forty-six percent. In the spring of 1992 the response rate was thirty-two percent. In the subsequent evaluations, some Satellite students were continuing from the pilot program. New participants were also added each term. Narrative comments continued in the subsequent evaluations to enrich the data, adding information to identify problems and promising practices.

Discussion

Satellite students indicated more effective communication between the college, school, and student than did non-Satellite students. Non-Satellite students experienced limited communication between college faculty and their clinical experience teachers. Most communication for the teachers and schools where they were working was in writing, such as the clinical objectives, documentation forms to sign, and a student evaluation form. Satellite school personnel, on the other hand, were knowledgeable about the college and the program. They agreed to participate in the Satellite Program after learning about the program policies and procedures and the department theme, model, and philosophy. During the pilot program, they were invited to attend a training and information session at the college. The Satellite Program Director visited in each school. Phone communication was encouraged. Written communication was increased.

Satellite students reported less difficulty with scheduling their clinical experiences. Satellite students were connected to the school through the college. They were not

strangers, even on the initial contact to schedule an interview at the school. Students were connected to the school. Within the school, a mentor teacher helped facilitate the scheduling of their clinical experiences. The mentor helped them navigate the school and locate appropriate teachers and classrooms for their clinical experience work.

Satellite students indicated a perception that they were providing a greater contribution to the school in which they were working than did non-Satellite students. They felt they were of benefit to students, teachers, and the school. Something they were doing was of value.

Without random assignment or a matched pairs design, a limitation of the study is in comparing the two groups of students. Were the differences attributable to the students who applied to the pilot program rather than the program itself? They did choose to apply and participate in the program. They did meet or conditionally meet the acceptance standards. Most students indicated an interest in the program design and how it would help them in their teacher education studies. They wanted to develop a link with a school and teachers in the school. Some felt it must be a good opportunity if faculty were recommending it. Another question of interest is why some students did not apply and participate in the program. These students indicated a preference to continue working at a school near their home or where they had worked previously. Some wanted to observe the pilot program but then chose to participate the following term after hearing of its successes. Some were concerned about time commitments. With already busy schedules, they felt the program and the Satellite school might require more time than they could offer. Some did and some did not meet the acceptance standards. Some were uncertain of their commitment to teacher education and did not want to be so involved at that point. All students in the five classes were informed of the program and invited to apply. All who applied were accepted to the pilot program. Having participation voluntary was considered essential in the pilot program. Also implementing the standards of the program was considered essential.

There were no statistically significant differences in the ratings of Satellite and non-Satellite students concerning the match between clinical experiences and course work. Non-Satellite students appeared to find a match as well as Satellite students did. Both groups did have clinical objectives to help them focus and plan their experiences so this finding is really not surprising. In the suburban area surrounding Elmhurst College, there are literally hundreds of schools for students to visit. Clinical objectives provided a guide for students. Had non-Satellite students not had the clinical objectives, a difference might have been found. Denying this access was not considered desirable for the sake of the study.

There were no statistically significant differences in the ratings concerning feedback to students on their skills and growth in clinical experiences and concerning participation in the schools. These two findings indicated to the Education Department the areas for needed improvements. Narrative comments were insightful in addressing these issues.

Some teachers expressed a confusion over when and how to give feedback. They did not want to interfere with faculty responsibilities. They were initially unfamiliar with the student evaluation form. Through training and information sessions, clearer evaluation guidelines, and experience with the program, this problem is being addressed. In

subsequent evaluations, student ratings in the area of feedback have improved and show a statistically significant difference in comparison to non-Satellite students in the pilot program. Teachers also reported no time to conference with students. Students scheduled clinical experiences around the student day and had not included sufficient non-student contact time with the teacher. Course instructors and the Satellite Handbook now clearly state that time with the teacher for planning, reflection, and evaluation should be planned and will be included as part of the clinical experience requirements.

Satellite student participation in the classroom presented a second area for improvement, based on the evaluation data. Teachers and students appeared to be uncertain of their roles and appropriate activities during the pilot phase. An objective of the Satellite Program was that students would have a greater opportunity for meaningful participation. Better communication in training and information sessions and prioritized clinical objectives for courses helped students and teachers plan their time together. Subsequent evaluations showed a statistically significant difference for the Satellite students. Teachers and students needed more communication in various aspects of the program. A Satellite Handbook was written and visits to the schools by faculty were increased in order to facilitate communication.

Satellite students had rated scheduling higher than non-Satellite students, yet in narrative comments teachers and students indicated areas for improvement concerning scheduling. Students felt the difficulty of planning clinical experiences with their other responsibilities. Matching schedules of schools and the college was sometimes difficult. Better communication was needed for students to plan in advance their schedule each term and their long range plan toward completion of their teacher education studies at Elmhurst College.

The college catalogue, the Satellite Handbook, course syllabi, faculty, advisors, and Satellite school personnel all provided opportunities to more clearly communicate the value of clinical experiences and the importance of planning for them. The Satellite Program helped the Education Department faculty better incorporate the clinical experiences of students in their courses. The bridge of theory and practice became more meaningful. Students began to see a greater value in their early field experiences. These experiences were not just hours to complete but meaningful learning in their teacher education studies.

Summary

The Satellite Program has expanded to include thirteen school districts, twenty-eight schools and approximately 100 current and past Satellite students. Partnership programs with individual schools were developed and implemented to meet specific needs within three of the schools. Mathematics inservice was provided in one elementary school. Satellite students were included in order to see the process of teachers learning and using new ideas in their classrooms. A program of support for at-risk third grade students was developed and implemented in one elementary school. Four Satellite students were each partnered with a student identified of being at risk by the teacher, principal, and social worker. A science unit in two fourth grade classrooms was planned to include a lesson taught by Satellite students enrolled in the course, Science Methods in

the Elementary School and a culminating experience in which the fourth grade students working in campus science labs with three college science department faculty. In addition to the learning of science, the students also increased their awareness of college and the college environment and expanded their perception of scientists by working with two female science faculty members. Each program was initiated by the school principal suggesting a need in the school and then planned cooperatively. Elmhurst College recognizes the professional expertise of the faculty in these endeavors, making it possible for faculty to become involved in these collaborations. Currently, partnerships plans are being developed to include the business community in the collaboration.

The Elmhurst College Satellite Program serves as one model of collaboration from the development stage of a program to implementation and evaluation. Evaluation has continued as the program has expanded to include more students, schools, and school districts. Initial evaluation confirmed the benefits of the program for teacher education students. Current program evaluation addresses individual students in individual schools and efforts to continually improve the program. While the primary objective of the Satellite Program is providing clinical experiences for teacher education students, the relationships go beyond that. As reform in teacher education continues, other education departments can learn from the Satellite Program of Elmhurst College as they develop their collaborative programs in teacher education.

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Table 2

EVALUATION OF PILOT SATELLITE PROGRAM
TERM II (SPRING) 1991
EDUCATION DEPARTMENT OF ELMHURST COLLEGE

	Non-Satellite Student Mean N=81	Satellite Student Mean N=24	t-Test	Effect size (percentile point advantage)
Communication	3.22	3.58	1.6316*	15.5
Scheduling	3.367	4.146	2.7272**	22.5
Match between course content and clinical experience	4.025	3.854	-.8239	
Feedback	3.323	3.438	.4098	
Participation	3.722	4.104	1.4199	
Contribution	3.438	3.896	1.7994*	15.5

* $p < .05$
** $p < .01$

Table 3

EVALUATION OF SATELLITE PROGRAM
TERM I (FALL) 1991
EDUCATION DEPARTMENT OF ELMHURST COLLEGE

	Non-Satellite Student Mean (Spring '91) N=81	Satellite Student Mean (Fall '91) N=25	t-Test	Effect size (percentile point advantage)
Communication	3.22	3.94	3.4995***	28.8
Scheduling	3.367	4.100	2.5199**	21.5
Match between course content and clinical experience	4.025	4.380	1.8718*	15.5
Feedback	3.332	4.13	2.9940***	25.8
Participation	3.722	4.33	2.3111**	20
Contribution	3.438	4.021	2.2165**	19.5

* $p < .05$
** $p < .01$
*** $p < .001$

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Table 1

EVALUATION OF THE SATELLITE PROGRAM
DEPARTMENT OF EDUCATION
ELMHURST COLLEGE

In the Satellite Program we have tried to improve clinical experiences for our students by addressing the issues reflected in the following survey items. Your input is essential for evaluation and improvement of the program. Please rate and comment on the following:

1. Communication between EC faculty, EC students, and Satellite Schools

INEFFECTIVE---------EFFECTIVE
1------2------3------4------5

2. Scheduling of EC student's clinical experiences

DIFFICULT----------EASY
1------2------3------4------5

3. Match between college courses and clinical experiences

WEAK----------STRONG
1------2------3------4------5

4. Feedback for EC students on growth and skills

MINIMAL----------FREQUENT
1------2------3------4------5

5. EC student's ability to participate in classroom activities

MINIMAL----------FREQUENT
1------2------3------4------5

6. EC student's contribution to Satellite School

MINIMAL----------VALUABLE
1------2------3------4------5

STRENGTHS OF SATELLITE PROGRAM

AREAS TO CONSIDER FOR IMPROVEMENT

Name _____ School _____
(Optional. Your identity does help us locate and correct any problems however.)

3/92

Table 4

EVALUATION OF PILOT SATELLITE PROGRAM
TERM II (SPRING) 1992
EDUCATION DEPARTMENT OF ELMHURST COLLEGE

	Non-Satellite Student Mean (Spring '91) N=81	Satellite Student Mean (Spring '92) N=21	t-Test	Effect size (percentile point advantage)
Communication	3.22	3.86	2.6644**	26
Scheduling	3.367	4.00	1.9698*	18.4
Match between course content and clinical experience	4.025	4.19	.7335	
Feedback	3.332	3.95	2.2268**	20.8
Participation	3.722	4.38	2.446**	21.5
Contribution	3.438	4.10	2.4468**	21.5

* $p < .05$
** $p < .01$